



# The Journal

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February 27, 2014

## Region Medical Director: 'Make Access to Care Easier'

### *Rear Adm. Raquel Bono Challenges Staff to Bring Back Eligible Beneficiaries*



Official Navy photo

**Rear Adm. (Dr.) Raquel Bono,  
MC, USN**

**By Bernard S. Little  
WRNMMC Public Affairs  
staff writer**

During her town hall meeting at Walter Reed Bethesda on Feb. 19, Rear Adm. (Dr.) Raquel Bono, director of the National Capital Region Medical Directorate (NCR MD), asked staff members at the “flagship of military medicine” to do three things: focus on making it easier for beneficiaries to get access to care; decrease private sector care costs; and decrease deferrals.

Walter Reed National Military Medical Center (WRNMMC) is one of the military treatment facilities (MTFs) within the NCR MD enhanced multi-service market (eMSM) network, which also includes Fort Belvoir Community Hospital (FBCH), the Joint Pathology

Center, Naval Health Clinic Quantico, Washington Navy Yard Branch Health Clinic, Naval Health Clinic Annapolis, Kimbrough Ambulatory Care Center, Andrew Rader Army Health Clinic, Fort McNair Army Health Clinic, Malcolm Grow Medical Clinic and Surgery (779th Medical Group) Center, Pentagon Flight Clinic, Bolling Clinic (579th Medical Group) and the Pentagon DiLorenzo Health Clinic.

Bono said within the NCR MD market, there are approximately 453,000 eligible beneficiaries with nearly 271,000 enrollees. She added her goal is to bring those nearly 200,000 patients “with our fingerprints on them” not enrolled, back into the military direct care system. Those eligible beneficiaries may be currently receiving their health care from purchased care

contractors. The admiral explained that bringing these eligible beneficiaries “back home” will lower costs to Department of Defense, increase readiness and improve overall care.

“Every one of our patients, once they get in to see you, have nothing but good things to say,” Bono continued. She said this is directly related to the patient-centered care provided at WRNMMC, but access to the care remains a challenge for beneficiaries throughout the region.

The NCR MD director added she is working closely with WRNMMC Director Brig. Gen. (Dr.) Jeffrey B. Clark and FBCH director Navy Capt. Jennifer Vedral-Baron to not only improve access to MTFs within the region, but

See **BONO** page 9

## Motorcycle Safety: Staying Alive to Enjoy the Ride

**By Chief Mass Communication  
Specialist David Rush  
Navy Public Affairs  
Support Element West,  
Detachment Hawaii**

Although great strides have been made in motorcycle safety gear and training programs in recent years, Sailors and Marines continue to incur injuries and, in extreme cases, lose their lives while riding motorcycles.

According to the Navy Safety Center, motorcycle injuries and deaths have decreased in the last five years, but there is still room for improvement.

In 2013, there were 17 Sailor motorcycle fatalities, a dramatic decrease from the 33 fatalities in 2008. Nonetheless, one fatality is too many according to Cmdr. Leo Murphy, Commander, Pacific Fleet safety officer.

“Even when riders wear the proper safety equipment and complete the mandatory training and refresher

courses, motorcycle riding remains an inherently dangerous mode of transportation,” said Murphy. “Riding motorcycles is a high risk activity. The risks are inherent to riding and cannot be feasibly eliminated. The best preventative measure that a rider can take, is to increase their riding skill level. That is best accomplished through training provided by professional instructors. Statistically, there is a direct correlation with the training the Navy provides and a reduction in motorcycle mishaps.”

He emphasized the importance of maintaining a high level of alertness and proficiency in order to avoid becoming a statistic.

“Riding a motorcycle is not like riding a bicycle, it is better to learn the necessary skills to safely handle a motorcycle on a designated road course, than learning through ‘trial by fire’ on public streets,” Murphy said. “Preven-

See **MOTORCYCLE** page 4



U.S. Navy photo by Mass Communication Specialist 3rd Class Johans Chavarro

**A Sailor rides a motorcycle at Joint Base Pearl Harbor-Hickam while following Navy safety procedures and protocols.**



# Operations' Corner

Greetings all, I'm Steve James, the Naval Support Activity Bethesda (NSAB) Director of Operations (N3). The N3 organization is made up of four distinct NSA Departments; Security, Fire & Emergency Services, Emergency Management and Safety.



N3's mission is to provide the full spectrum of public safety in order to protect and safe guard our military members, civilian employees, visitors, family members, patients, facilities and equipment aboard NSAB.

My team accomplishes its mission through the planned and integrated application of our core programs and through teamwork and dedicated service to our customers. We are fully committed to eliminating threats to life, safety and property through education, prevention and safe and effective response. With recovery actions utilizing an all hazards approach, we constantly strive to improve in our mission execution through active leadership, liaison, teamwork and commitment to the persons and facilities we serve.

This issue of *The Journal* is released as we wrap up a very successful Solid Curtain-Citadel Shield (SC-CS) exercise. SC-CS is a Commander, Navy Installations Command and Fleet Forces Command Navy-wide antiterrorism exercise. During the exercise, everyone aboard NSAB was tested on various crises we could face, based on how we respond to elevated force protection conditions. These senerios could include an active shooter/hostage situation, to how you report suspicious packages, vehicles or people.

As with any major security training event, some delays and other inconveniences may impact your normal routine due to closed parking lots, increased identification and bag checks, rerouted traffic, additional barriers, etc. N3 worked hard to minimize and mitigate the recent delays, but we needed to keep the response and re-

actions to the training events as realistic as possible so our ability to keep everyone safe could be adequately tested. Exercises of this nature are essential to measure the actual readiness capability of the installation. Without them, the mistakes or deficiencies made during a real world event may prove costly in terms of public safety and property damages.

During SC-CS, NSAB pushed exercise updates and messages out to staff via the Everbridge system. If you didn't receive the Everbridge updates and messages, you may not be enrolled in the system. Everbridge messages can be sent to as many as ten different devices: home and cell phone, TTY/TDD phone, pager, fax, and personal and work emails. These messages also provide official updates on base delays and early departures, as well as other mass notifications that affect the base population. If you haven't signed up for Everbridge alerts, please do so today through your commands Emergency Management Representative.

NSAB participates in two full scale base-wide exercises per year, SC-CS and Citadel Gale (HURREX). This year's HURREX will take place from May 6-16 and will give us all the chance to exercise our destructive weather plans and make adjustments from lessons learned prior to the start of the annual hurricane season. The Everbridge system will be used extensively during this exercise as well.

Whether NSAB tenant, staff or guests, military or civilian, antiterrorism and force protection (AT/FP) readiness must be continuously pursued. Please don't accept the status quo; remember, we need constant vigilance by all hands. If you see something, say something! AT/FP is an all hands effort and it takes all of us working together to keep us safe.

**Steven James,**  
**NSAB Director of Operations**

## Bethesda Notebook

### Code White/Active Shooter Exercise

There will be a Code White/Active Shooter exercise today at Walter Reed Bethesda. Code White is used to notify personnel of an active shooter and to shelter in place. During the 15-minute exercise, movement in the hospital should stop, and staff and departments must take shelter in place. For more information, call Christopher Gillette at 301-295-3115.

### Patient Safety Week

March 2-8 is Patient Safety Awareness Week, an annual educational campaign focused on health-care safety. The patient safety staff at Walter Reed National Military Medical Center (WRNMMC) will observe the campaign with an event on March 6 from 10 a.m. to 2 p.m. in Building 9, first floor near the escalators. There will be patient safety representatives and information on how patients can improve their ability to act as their own health care advocates. There will be a cake-cutting ceremony at noon. All staff, patients and visitors are invited to attend.

### Command Climate Survey

Walter Reed National Military Medical Center's (WRNMMC) Command Climate Survey kicks off Monday with a ceremony at noon in Building 10's quarterdeck (lobby). The survey, scheduled to run through March 24, is designed to assess staff concerns, morale, job satisfaction and quality of life at WRNMMC. The confidential and voluntary survey can be completed at any workspace computer via the Internet. All WRNMMC staff are encouraged to participate. For more information, call Lt. Cmdr. Pandora Liprot at 301-295-2178.

### Irish American Heritage Celebrated

The Bethesda Multicultural Committee celebrates Irish American Heritage with an event on March 5 at 11 a.m. in the America Building atrium. It will feature traditional Irish dancing and is open to all staff, patients and visitors. For more information, call Sgt. 1st Class Jason Zielske at 301-400-3542.

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## Naval Support Activity (NSA) Bethesda

Commanding Officer: Capt. David A. Bitonti	NSAB Ombudsman	
Acting Public Affairs Officer NSAB: John Epperson	Michelle Herrera	240-370-5421
Public Affairs Office NSAB: 301-400-2488		
<b>Journal Staff</b>		
Staff Writers	Sarah Marshall Sharon Renee Taylor Cat DeBinder Ryan Hunter Katrina Skinner	
Managing Editor	MC2 John Hamilton	
NSAB Editor	MC3 Brandon Williams-Church	
WRNMMC Editor	Bernard Little	
Walter Reed National Military Medical Center		
Office of Media Relations	301-295-5727	
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# Emergency Resource Unifies Commands

By Ryan Hunter  
NSAB Public Affairs  
staff writer

In preparation for the upcoming Active Shooter Drill, emergency managers across all Naval Support Activity Bethesda (NSAB) tenants and commands have been busy updating, integrating and unifying the base-wide emergency notification system known as Everbridge.

This platform is unique in its ability to store and utilize multiple points of contact for base residents and staff quickly, efficiently and electronically. Depending upon the information provided by the individual, it can send alerts using work telephones, home land lines, personal cell phones, email, text messages and fax machines in the event of an emergency.

Everbridge is not a new system to NSAB. Tenants like the Walter Reed National Military Medical Center (WRNMMC), Uniform Services University of Health Sciences (USU) and Navy Medical Professional Development Center have operated these platforms for quite some time. However, the commands operated these systems independently of each other and of base-wide services and support.

Dialogue between commands, following world events and a push for base readiness in preparation for the Solid Curtain-Citadel Shield, prompted the



commands to integrate their Everbridge systems. This joint operation will allow base emergency services to quickly mass-contact individuals and will be tested simultaneously across all commands for the first time, during the Feb. 27 active shooter drill.

Personnel at USU are well prepared for Everbridge testing during the exercise. Faculty and students are recorded in the system as soon as they are enrolled or employed, said Department of Military and Emergency Medicine deputy at USU, James Schwartz.

However, the information on file only includes contact information from sources provided by the University, such as office phone numbers and work related email. Personal contact information, such as cell phone numbers and private emails are excluded.

Schwartz strongly encourages staff and students at USU to voluntarily submit more information. "I, personally, have many different points of contacts in the system," he admitted. "Even if I'm not at my work computer or sitting by my office phone, I want to know what's going on; especially if I'm at home and I'm not sure whether or not to go into work."

Staff at WRNMMC will not be required to interact with the Everbridge database as much as other tenants on the base. Emergency contacts for the hospital are believed to be mostly accurate, due to regularly updated recall rosters, but staff are encouraged to provide as many forms of contact possible when updating rosters.

At the end of each month, hospital directorate liaisons compile personnel information and submit them to Christopher Wyatt, the emergency support specialist for Walter Reed Bethesda. "If anyone leaves or joins the staff, I know about it and it's reflected in the system," said Wyatt.

In a test completed Feb. 20, Wyatt contacted WRNMMC staff using information submitted to Everbridge and received a 70 percent confirmation rate from hospital staff.

"No system is going to get a 100 percent response rate ... but in the event of a real emergency we need to reach as many people as possible," said Wyatt.

He advises hospital personnel to

keep their contact information up to date, by reviewing them with department directors whenever a contact route changes or becomes ineffective, as well as, actively participating in the quarterly contact reviews.

All other personnel on base are expected to directly input their contact information into the online database manually, says NSAB Emergency Manager Ron Kunz.

Utilizing work emails obtained from department heads around NSAB, the emergency manager has recently contacted both civilian and service member personnel on base. The notifications directs staff and residents to the Everbridge website where they can create secure accounts and input other points of contact.

"Everyone, with the exception of the hospital staff, should go online and update their information," said Kunz. "The information we currently have just does not use the full potential of this important system."

Once information has been captured by Everbridge, Kunz recommends keeping it up to date by reviewing it twice a year alongside other emergency notification databases, like the Navy Family Accountability and Assessment System.

If you work or reside on NSAB and would like to submit or update your personal contact information on Everbridge contact Kunz at [Ronald.Kunz@med.navy.mil](mailto:Ronald.Kunz@med.navy.mil)

# Navy Medical Corps Prepares to Celebrate 143 Years of Service

By Bernard S. Little  
WRNMMC Public Affairs  
staff writer

One hundred and forty-three years of service to the nation will be celebrated when the Navy Medical Corps Ball is held on March 8 at the Bethesda Hyatt Regency in Bethesda, Md. All services, corps and civilians are encouraged to attend the ball.

Marine Gen. John M. Paxton Jr., assistant commandant of the Marine Corps and second highest ranking officer in the U.S. Marine Corps, is scheduled to be the keynote speaker at the March 8 ball. A native of Pennsylvania, he graduated from Cornell University with a Bachelor and Master of Science in civil engineering and was commissioned through officer candidate school in 1974. He served as director, J3 - Operations, The Joint Staff and Chief of Staff, Multinational Forces-Iraq, in addition to several different command and leadership positions. He is a graduate of the U.S. Army Infantry Officer Advanced Course and Marine Corps Command and Staff College. He has also served as a Commandant's Fellow



Official photo

Gen. John M. Paxton Jr.

at the Brookings Institute as well as at the Council on Foreign Relations.

The Medical Corps of the United States Navy is a staff corps consisting of military physicians in a variety of specialties. It is the senior corps among all staff corps, second in prece-

dence only to line officers. The corps was established on March 3, 1871 with the passage of the Naval Appropriation Act. The act can also be credited for creating the title "Surgeon General of the Navy," according to Andre B. Sobocinski, historian for the Navy Bureau of Medicine and Surgery (BUMED).

"In the early years of the Medical Department, Navy medical men were classified simply as 'surgeons' or 'surgeon's mates' and did not have relative rank with naval officers," according to Sobocinski.

"The Act of May 24, 1828 for the 'Better Organization of the Medical Department of the Navy' marked the first time the status of personnel in the Navy Medical Department received serious attention," Sobocinski explained. "In the Act of March 3, 1835, Congress first considered surgeons and assistant surgeons as officers when these positions were finally subject to the same pay scale as Navy line officers," according to the BUMED historian. "The General Order of August 1846 finally conferred relative rank to physicians serving in the Navy."

Today, more than 4,000 active duty

and Reserve physicians serve with both the Navy and the Marine Corps throughout the world, providing exemplary care to all services members, their families and other beneficiaries of the military health system, according to BUMED.

Vice Adm. (Dr.) Matthew L. Nathan, the 37th Surgeon General of the Navy and chief of the BUMED, said since the Navy Medical Corps was established, it has "grown in complexity and value. Navy physicians serve from the sea to the battlefield all the way to the halls of Congress and the White House. They serve in the aviation and undersea medical communities and as astronauts exploring the frontiers of space. The Navy Medical Corps continues to pave new frontiers in biomedical research, medical education and training, and patient care delivery at our clinics, hospitals, aboard our afloat platforms and in combat theaters."

For cost and ticket information for the 143rd Navy Medical Corps Ball, visit the website <https://sites.google.com/site/2014medicalcorpsball/> or email [2014mcbb@gmail.com](mailto:2014mcbb@gmail.com).

# MOTORCYCLE

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tive training pays, especially for inexperienced riders who are most at risk during the first year of riding. Rider skills training is the best tool we have in preventing motorcycle mishaps”

In addition to increasing the necessary skills needed to get safely to and from your destination, being in positive control regardless of level of experience and type of motorcycle is vital, according to Murphy.

“First, those who choose to ride must understand the risks they are assuming. Once that fact is acknowledged, a rider can then develop effective risk management practices. Risk management is an essential part of safe riding. Lessons learned from motorcycle mishaps highlight this fact. Riders must recognize their skill level and develop a ride plan that limits themselves to within their safe operating limits.”

All Sailors know how to implement Operational Risk Management to their jobs at sea and shore. The same applies to risk management when riding a motorcycle.

“This limit might be daytime group rides only, not riding on highways or some other self-imposed limitation

on when, where and how a rider will ride,” said Murphy. “Understanding your limitations and determining the risks you are willing to accept will define safe riding and should be done before you get on a motorcycle. The use of sound risk management practices, rider vigilance and training reduces the probability of motorcycle mishaps.”

Although military personnel receive training, obey the rules of the road and wear personal protective equipment (PPE), that doesn’t necessarily mean that others on the road will have the same level of alertness. According to Murphy, when we’re behind the wheel of motor vehicles, everyone needs to pay attention to what’s around them.

“In Hawaii we call that ‘Aloha Spirit.’ It means for other four wheel vehicles to be careful and look out for motorcycles to help keep the roads safer for them. It’s sharing the road, slowing down and not falling into lazy habits like not using turn signals. Recognize that mirrors in a car still allow for blind spots and to ensure a space is clear. The best practice is to turn your head and look into the blind spot.”

Unfortunately, that doesn’t always happen and it leads to life ending consequences.

“Tragically, two fatal motorcycle mishaps occurred when the drivers failed to see and turned into the rider. Changing the driving habits of motor-

ists and motorcyclists alike will help decrease the number of motorcycle accidents. Motorcyclists are reminded to make sure that they are visible to motorists and that they strictly follow the rules of the road,” said Murphy.

As for Sailors and Marines who intend on riding “two up,” training isn’t just recommended, it’s mandatory.

“Motorcycle riders must complete the two mandatory courses within 60 days after declaring intent to ride, then complete refresher training every three years,” said Murphy. “In fact, COMPACFLT policy directs service members who have not completed the required training to cease riding until all training is completed. Failure to do so is a violation of a general order. The training is designed to make you safer; why not want that and take advantage of it?”

Command Master Chief of the Naval Safety Center, Paul Kingsbury, echoes Murphy’s sentiments.

“As a non-rider, I would offer that each mishap has an impact on the Sailor, their command and their peers. When a Sailor is involved in a serious crash resulting in injury or fatality their parents, siblings, spouse, children and other relatives are affected,” said Kingsbury. “A deceased Sailor will never have to deal with the personal repercussions of their death. A Sailor who sustains life altering injuries may

put additional burdens of health care and financial loss onto those same family members.”

“Additionally, the Sailor’s command loses an asset, a piece of the team, a watchstander, a subject matter expert or an influential leader. In some cases, this gap cannot be filled by the command and can result in the department or command unable to be fully mission capable,” Kingsbury said.

“The loss of a Sailor also means other Sailors have to fill that void. Someone has to pick up the duties and responsibilities; someone has to stand the extra watch. The death or loss of a Sailor also has psychological and emotional impact on the other Sailors at the command,” Kingsbury added.


In order to help minimize the possibility of injury, Kingsbury emphasizes the need for both beginning and experienced riders to take the risks seriously.

“Riding a motorcycle has unique risks. Although PPE does provide some amount of protection, the high speeds, instability and exposure to the open environment, motorcycle riders are exposed to make the impact of any crash much more severe.”

Bottom line, according to Kingsbury, there’s nothing better than consistently applying proper techniques and lessons learned to enjoy the road safely.

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# Free, Self-Help Tax Service to April 10

## Volunteers Offer Free, Self-Help Tax Service

By Sharon Renee Taylor  
WRNMMC Public Affairs  
staff writer

The Walter Reed Bethesda Tax Assistance Center offers free tax help Tuesday through Thursday between 9 a.m. and 3 p.m., until April 10 for active duty taxpayers, retirees and their spouses who qualify.

The center expects to save an estimated 400 filers a minimum of \$80,000 in tax preparation costs this year. Unlike previous years, the center offers a new, computerized self-assistance service at six stations within the tax center. The center is located in a temporary modular in Building 10A, outside of Building 10, across from Building 55, the patient parking garage.

"We can help more people," explained Navy Chief Matt Walker, who runs the tax center of nine military and civilian volunteers, who are trained and certified with the IRS Volunteer Income Tax Assistance (VITA)

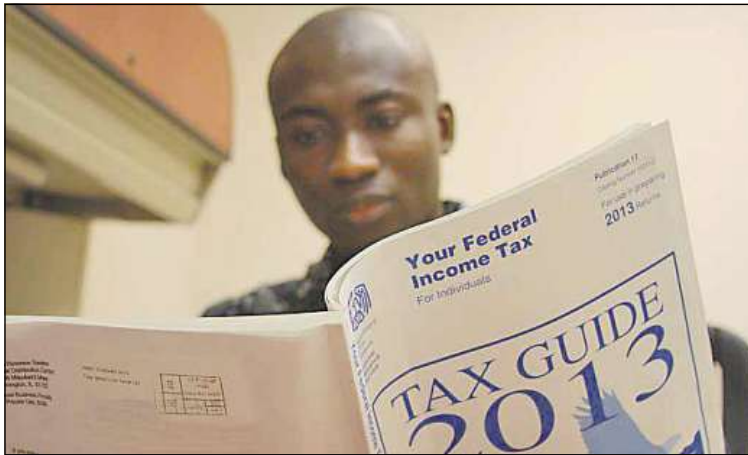


Photo by Sharon Renee Taylor

**First-time volunteer, Navy Hospital Corpsman 3rd Class Tahir Seeba reviews a tax guide at the Walter Reed Bethesda Tax Assistance Center, open Tuesday-Thursday until April 10.**

Program. "Under the self-help program, we get [filers] started [at the computer], then we move around like waiters [as they need assistance]. To date, we haven't had a question we couldn't answer before they left."

Walker said some people are hesitant about preparing their

own taxes and later comment that the program, "really walks you right through it. In the end, most people leave quite happy."

Happy like Army Sgt. Arael Lopez, and his wife Jennifer were among those satisfied with the services as they prepared their return Feb. 19. Although

volunteers at the tax service center prepared the couple's return for them last year, the Soldier said the program was incredibly user-friendly as they worked on their own taxes. "Everyone has been very helpful," Lopez smiled.

The target audience for the service is active duty personnel earning less than \$100,000 gross adjust income and own no more than two rental properties; a military retiree, age 52 or younger, earning less than \$58,000 gross adjusted income; a Reserve or National Guard on Active Duty orders for more than 30 days; or a spouse of one of the aforementioned. According to Herman Dyke, a Walter Reed Bethesda legal assistance attorney who serves as the site coordinator for the tax service center, self-employed filers (except certified family child care providers), and those who own a business remain ineligible for tax assistance.

"We're not refusing help to

anyone who may not fit these guidelines," Walker explained. "The amount of money isn't the issue, it's where it's coming from. Having assets like multiple properties, which makes filing complicated, is often beyond the scope of our expertise."

"We can still assist people who make more or are older than 52, but it won't be free," explained Army Sgt. Bryan England, a tax center volunteer. Fees range between \$40 and \$80 depending on their adjusted gross income, or state taxes. "In town, [a commercial tax service off base may charge] \$200-300 or a percentage of your income return," he added.

Coast Guard Lt. Eric Rivera was struggling at home with his taxes when his wife Willmarie called him about the "tax service" sign she saw at Walter Reed Bethesda. The lieutenant said he decided to tackle his taxes himself this year to save

See **TAX** page 10

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# Walter Reed Bethesda Celebrates African American History Month

By Bernard S. Little  
WRNMMC Public Affairs  
staff writer

The Bethesda Multicultural Committee hosted an African American History Month celebration featuring spoken word and musical performances by Walter Reed National Military Medical Center (WRNMMC) and Navy Medicine Professional Development Center (NMPDC) staff on Feb. 19 in the America Building atrium.

"It is good for us to gather, and today we gather to celebrate our diversity, specifically, African-American heritage," said Brig. Gen. (Dr.) Jeffrey B. Clark, WRNMMC director. "It is good that we're pausing to think about all of our contributions to this great country we are privileged to live in."

This year's overarching theme for African American History Month is "Civil Rights in America," said Sgt. 1st Class Jason Zielske, WRNMMC's Equal Opportunity advisor and command advisor for the Bethesda Multicultural Committee. "This year, America will celebrate the 50th anniversary of the Civil Rights Act, one of the greatest legislative accomplishments of the 20th century," he added. "The act represents a fundamental precedent that not only halted many unjust practices, but also led the way to subsequent legislation that further ensured equal treatment for all. The act did not resolve the problems of discrimination. However, it opened the door to further progress by halting the practice of 'Jim Crow' laws that imposed racial restrictions on the use of public facilities, job opportunities and voting. It also limited federal funding for agencies practicing discrimination."

At the Walter Reed Bethesda African American History Month observance, NMPDC Hospital Corpsman (HM) 1st Class Marcus Love was the master-of-ceremonies, and Army Chaplain (Maj.) Denise Hagler provided the invocation and recitation of Maya Angelou's autobiographical poem "I Know Why the Caged Bird Sings." The poem, which Angelou credits African-American poet Paul Laurence Dunbar along with William Shakespeare with forming her "writing ambition," contains the stanza, "The caged bird sings with fearful trill, of the things unknown but longed for still, and his tune is heard on the distant hill, for the caged bird sings of freedom." During the Civil Rights Movement, Angelou worked with the Southern Christian Leadership Conference, Dr. Martin Luther King Jr., and Malcolm X.

Following Hagler's words, Staff Sgt. Christopher Nelson, of the Nuclear Medicine Department, gave a spoken word presentation with a reading of a quote from Pan-Africanist American writer, historian and Professor John Henrik Clarke. "History is not everything, but is a starting point,"



Photos by Bernard S. Little

**Capt. Randolph Copeland performs "Lift Every Voice and Sing," often referred to as "The Negro National Hymn," during the Walter Reed Bethesda African American History Month celebration on Feb. 19 in the American Building.**



**Members of The Bethesda Multicultural Committee cut cakes as part of Walter Reed Bethesda's African American History Month celebration.**

he said. "History is a clock that people use to tell their political and cultural time of day. It is also a compass that people use to find themselves on the map of human geography. History tells a people where they have been and what they have been; where they are and what they are. Most importantly, history tells a people, where they still must go and what they still must be."

The Department of Medicine's HM1 Delyn Scott then provided a rendition of Sam Cooke's song, "A Change Is

Gonna Come." The song came to epitomize the 1950s and 1960s Civil Rights Movement with such lyrics as, "It's been too hard living, but I'm afraid to die, 'cause I don't know what's up there beyond the sky ... I go to the movie and I go downtown; Somebody keep telling me, 'Don't hang around'; It's been a long, a long time coming, but I know a change gonna come, oh yes it will."

After Scott, NMPDC Command Mas-

See **CELEBRATION** page 9



**Sgt. 1st Class Derrick Brown performs "Summertime," and "The Impossible Dream (The Quest)."**



# College Accreditation Type May Affect Sailors' Wallets

**By Susan D. Henson**  
Center for Personal  
and Professional  
Development Public  
Affairs

Sailors working on completing a degree should ensure their school has the appropriate type of accreditation or it could cost them money later, said Center for Personal and Professional Development education professionals Feb. 24.

"Most students know the school they attend should have some sort of accreditation as a way of ensuring the quality of their education, but they don't understand how important the type of accreditation is in their school selection," said Ernest D'Antonio, director of Navy Voluntary Education at the Center for Personal and Professional Development. "I've seen way too many examples of service members using their tuition assistance or G.I. Bill education benefits to earn a degree at a school whose credits aren't transferable to or recognized by other schools. And when a Sailor's benefit is spent, it's spent."

According to Raymond Sayre, director of the Navy College Office in San Diego, there are three kinds of accreditation. One is regional, which is granted by



U.S. Navy photo illustration by Chief Mass Communication Specialist Jayme Pastorico

**Navy Tuition Assistance pays for one associate through master's degree and only pays if a degree at a particular level wasn't already earned using personal funds. Education professionals at Navy College Offices and the Virtual Education Center serve as an impartial resource to assist Sailors in making wise choices about their education.**

an accrediting organization in one of six regions in the United States. "Regional accrediting organizations review educational institutions as a whole," he said. "Schools with regionally accredited programs focus on academic

theory for a full range of degrees from accounting to zoology at all educational levels."

National accreditation is another type. Sayre said nationally accredited institutions fill a different educational need than

those with regional accreditation. "The real difference is that national accrediting bodies focus on operational/technical skills. These accreditors tend to focus on a particular discipline such as business, technical skills or distance learning," he said.

The third kind is accreditation for specialized programs and single-purpose organizations. A specialized accreditation is typically granted for a particular section or discipline within a regionally accredited educational institution, such as for a school's law, medical or engineering program.

It's confusing because it's complicated, claims D'Antonio. "The key for Sailors is to understand how accreditation directly relates to their educational goals," he said. "This is part of why Navy College Program education professionals exist — to help Sailors make the best choice for them."

Sayre pointed out that one type of accreditation isn't necessarily better than the others; it is simply contingent on the student's objectives. "It depends on what professional path Sailors are choosing," he said. "If they want a hands-on career in the vocational or technical world such as auto repair, electronics, nuclear technician, etc.,

they may benefit from choosing a school with national accreditation. If their choice is the academic world — teacher, law, business or doctor, for example — they ought to choose regional accreditation. Many nationally accredited schools offer advanced vocational or technical education and training programs that are excellent and meet the needs for which they were designed."

A handful of schools have both regional and national accreditation, but according to Sayre, it isn't common.

Gary Henwood, an educational services specialist at Navy College Office (NCO) Whidbey Island, Wash., said it's important for Sailors to view their school choice in the broader spectrum of their current - and future - educational goals. "When Sailors apply for commissioning programs such as Medical Enlisted Commissioning Program or Seaman-to-Admiral 21, the participating universities and colleges are regionally accredited and may not accept credits from nationally accredited schools."

For this reason, Henwood advises Sailors specifically trying for a commission to ensure they

See **MONEY** page 10

# Navy e-Learning Now Offers Direct Access Without NKO

**By Ed Barker**  
Naval Education and  
Training Command  
Public Affairs

Delivering on their goal of providing access to Navy training anytime, anyplace, the Navy Education and Training Command and the Sea Warrior Program Office, announced Feb. 13, the availability of direct Internet access to Navy e-Learning (NeL) content.

"Most Navy learners were previously accessing NeL through Navy Knowledge Online (NKO)," said Hank Reeves, NeL project director. "That was a multi-step process that is now significantly streamlined with the ability to access courses directly, without going through NKO."

Using the direct NeL link of <https://www.aas.prod.nel.training.navy.mil>, will take you directly to the 'My Learning' and 'Course Catalog' tabs of the NeL learning management system, after you login.

"Going directly to NeL will make searching for their desired content much easier," said Brenda McCreary, NKO service desk manager. "If you enter through NKO and use the NKO search engine looking for courses, you may get numerous returns that aren't very helpful. Going directly to NeL lets you use their search engine, and that gets you strictly to learning-related returns. This streamlines finding the course you are looking for."

Although direct access to NeL is available through the Internet, a Common Access Card is still required for NeL login. Courses on NeL have been standardized to run using the Internet Explorer (IE) browser.

"Many of our courses take advantage of the latest in multimedia content to improve the learning experience," Reeves added. "In order to ensure compatibility with these courses, NeL provides configuration guides for many of the latest versions of IE. NeL also provides a plug-in analyzer to help customers confirm they are able to



U.S. Navy file photo

access and run the multi-media content. Both of these services are on one page. To access them, customers may simply click on the 'Browser Configuration' link, located in the NeL Help section, on the right-hand side of the 'My Learning' page."

According to Reeves, NeL is the world's largest learning management system in terms of volume.

"Virtually every Sailor, government civilian and contractor uses NeL to keep current with

required general military training, including the newly-updated Department of Defense Cyber Awareness Challenge Course," said Reeves. "Last year, the Cyber Awareness Challenge course had more than 232,000 completions, and last year we had more than four million completions for all courses."

"From the beginning, it was a goal as we implemented our new Learning Management System to offer direct access to our NeL users, in addition to access

through NKO," added Reeves. "Although NKO was designed as a one-stop-shop portal for the 'lion's share' of Navy electronic content, allowing access options for our customers only makes sense."

Since 2001, Sailors have depended on Navy e-Learning (NeL) to help advance their careers and stay current with training requirements. Courses range from Privacy and Personally Identifiable Information Awareness Training - required of all Sailors, Marines, civilians, and contractors - to specific training for individual units. Trainees using NeL complete between four and five million online courses annually from an offering of more than 8,700 courses. The Naval Education and Training Command relies on NeL for use in schoolhouses for individual skills and skill refresher training.

For more information about NETC, visit <https://www.netc.navy.mil/> and [www.navy.mil/local/cnet/](http://www.navy.mil/local/cnet/).



# Binding Wounds, Fighting to Serve: African-Americans in Military Medicine

**By Sharon Renee Taylor**  
WRNMMC Public Affairs  
staff writer

*This is the second of a two-part Black History Month series on African-Americans in military medicine.*

The history of African-Americans in military medicine spans more than two centuries. Susie King Taylor and Ann Stokes nursed Soldiers and Sailors during the Civil War — serving the same country that once enslaved them. African-American contract surgeons treated the wounded, ill and injured of the U.S. Army during the Spanish American War, and were denied appointment application for permanent commission.

Despite challenges and opposition, African-Americans gained ground and momentum in the following decades as the country's needs grew during World War I and II. Eventually, they served their country in uniform as enlisted and commissioned officers, rising to attain leadership positions in military medicine.

## African-Americans in World War I and II

When the nurse shortage became critical during World War I, the War Department consented to authorize 18 African-American nurses certified by the Red Cross to serve with the Army Nurse Corps, cites the U.S. Army Medical Department Office of Medical History. Nine actually served. During World War II, military medicine saw an increase in African-American physicians, nurses, dentists, medics and corpsmen.

In his article, "Separate, but Almost Equal," appearing in the Journal of the National Medical Association, Sanders Marble, senior historian, Office of Medical History, Headquarters Army Medical Command (MEDCOM), explained the plight of African-Americans in military medicine at the time.

"Before World War II, the Army had no African American medical units and no plans to utilize African American personnel. A first plan to sideline blacks into menial support positions was implemented but then overruled in the middle of the war. Separate units were formed, [Negro Medical Field Units] called Sanitary Units," Marble wrote.

According to the MEDCOM historian, these units, which performed some support functions, also focused on preventive medicine work — mainly, insect

control. Other duties included cross-loading litter patients in the evacuation chain, a laborious but morale-boosting job for which some units received commendations. Several ambulance companies were organized, performing solidly.

"Working in a segregated country and army, these men took the role they were given, gave it their best and overcame obstacles," Marble said.

## Commission and Rank

In 1941, retired Air Force Col. (Dr.) Vance H. Marshbanks, Jr. entered the U.S. Army at Fort Bragg, N.C. "At that time, and up to 1949, all medical officers assigned to the Army Air Corps were in the Army," he wrote in the Journal of the National Medical Association. According to Marshbanks, Dr. Maurice Johnson was the first black medical officer at Tuskegee Army Air Field. Another first at Tuskegee in 1942, 1st Lt. Della Rainey became the air field's first chief nurse. The following year, Johnson went on to become the first flight surgeon when he served overseas with the 99th Pursuit Squadron.

In 1943, John Andrew Haskins, Jr. became one of the first African-Americans to enter Hospital Corps School in Great Lakes, according to Andre Sobocinski, historian, U.S. Navy Bureau of Medicine and Surgery (BUMED). He was the first African-American to receive the Navy and Marine Corps Medal for heroic conduct in 1944. The same year, Margaret E. Bailey accepted a commission to the Army Nurse Corps. During her 27-year career, she became the first black nurse to attain the rank of both lieutenant colonel and colonel. Also in 1944, Dr. Thomas Watkins, Jr. became the first African-American dentist commissioned in the Navy Dental Corps, and Dr. Arthur Lee Thompson became the first African-American physician in the Navy.

In 1945, Hospital Apprentices 2nd Class Ruth Isaacs, Katherine Horton, and Inez Patterson became the first African-American women to graduate Hospital Corps School in Bethesda, Md. That same year, Phyllis Mae Daley was sworn into the Navy Reserve, becoming the first African-American nurse.

President Harry S. Truman issued Executive Order 9981 in 1948. "There shall be equality of treatment and opportunity for all persons in the armed services without regard to race, color, religion or national origin," it read. The order ended segregated units and African-American



Photo by Sharon Renee Taylor

**Maj. Gen. (Dr.) Nadja West, was the first Army deputy commander at the former National Naval Medical Center, and then the first female African-American two-star general in U.S. Army Medical Command.**

nurses were able to serve in integrated hospitals.

## Vietnam, onward

African-American medics and nurses served in the Vietnam War, like Air Force Capt. Olivia Theriot, who remained in the Air Force Nurse Corps. She retired as a lieutenant colonel.

Many were awarded for their valor. Army medic Spc. Lawrence Joel received the Medal of Honor for treating his unit despite his own wounds when they were ambushed in 1965. Army Col. Marie L. Rodgers was a major when she volunteered to serve in Vietnam. The nurse received the Bronze Star from President Lyndon B. Johnson in a White House ceremony in December 1967 for her distinguished service in connection with group operations against a hostile force in Vietnam. As a first lieutenant Army nurse in 1970, Diane M. Lindsey received the Soldier's Medal for heroism.

Army Col. Clotilde Bowen became the first black woman physician to hold a military commission in 1955. She served as the Army's chief psychiatrist in Vietnam in 1970, remaining the Army's only black woman physician at the time, according to Dr. Judith Bellafaire, chief historian, Women's Memorial. In 1977, Bowen became the first woman to command a U.S. military hospital when the Army assigned her to Hawley Army Hospital at Fort Benjamin Harrison, Ind., in 1977.

On Aug. 10, 1970, Dr. Joseph Alexander led a team of five



U.S. Navy photo by Capt. Cappy Surette

**Former U.S. Surgeon General Regina Benjamin (left) speaks with former Navy Surgeon General Vice Adm. Adam M. Robinson Jr. during the 116th annual meeting of the Association of Military Surgeons of the United States in November 2010.**



Courtesy photo

**Phyllis Mae Daley (third from right), the first African American nurse to win a commission in the Navy Corps, stands with other recruits beside a poster.**



U.S. Navy photo

**Hospital Apprentices Second Class Ruth C. Isaacs, Katherine Horton, and Inez Patterson (left to right) are the first black women to enter the Hospital Corps School at National Naval Medical Center, Bethesda, Md., 1945.**

other transplant surgeons at the former Walter Reed Army Medical Center (WRAMC) in Washington, D.C., to perform the Army's first kidney transplant. He came to WRAMC as an Army major, and became chief of the Organ Transplantation Service, serving as a lieutenant colonel until 1971. In 1973, John D. Robinson became the first African-American psychologist in the U.S. Air Force.

In 1978, Joan Bynum became

the first African-American captain in the Navy Nurse Corps. She was also the first female black officer to attain the rank of captain. The Navy commissioned David Lawrence Kennedy as its first African-American uniformed social worker in January 1980. Kennedy retired as a Captain in 2004.

Army Brig. Gen. Hazel W. Johnson-Brown became the

See **MEDICINE** page 10



# CELEBRATION

Continued from 6

ter Chief Clinton Garrett showcased his rapping talents. The master chief explained how poems he wrote as a youth evolved into his raps. “Whenever I did something wrong, my grandfather would have me write a paper about something right,” Garrett said. He realized when he was in the 11th grade that the assignments his grandfather gave weren’t so much a punishment, but an education. “The papers he had me write would later become poems, then songs with messages I would be able to share in music.”

Garrett was joined by Yeoman 2nd Class Cedrick Sauls in raps saluting black history makers and cautioning about the dangers of drugs and crime. “Sometimes life’s circumstances can mount up, so it’s incumbent we go to our brothers and sisters and try to talk them through those tough times,” Garrett said.

A frequent performer at Walter Reed Bethesda events, Sgt. 1st Class Derrick Brown, helped close out the celebration with inspirational performance of George Gershwin’s aria “Summertime” from “Porgy and Bess,” and the song “The Impossible Dream (The Quest).”

“There are a lot of impossible dreams being realized, and that will be realized,” Brown said. “Some people could not have imagined there would ever be a black president of the United States. When I sing this song, I think about the years our parents, grandparents and the ones before them struggled so that we would have a chance to take a bite out of that apple, a

# BONO

Continued from 1

also decrease deferrals of beneficiaries to providers outside of the military health system (MHS).

Clark explained this was his focus during his town hall meeting earlier this month. He said WRNMMC and FBCH, along with the regional MTFs, are partnering to provide “patient-friendly, high quality health care.” As part of this partnership, less complex tests and procedures, not requiring beneficiaries to come to WRNMMC, will be provided by WRNMMC surgeons and specialists going to other MTFs to treat beneficiaries at the facilities closest to the patient, according to Clark.

“We should partner to think about the entire market as opposed to Walter Reed Bethesda or FBCH working independently, [which means determining] where it is best for patients to receive their patient-friendly care,” Clark said. He also encouraged staff to attend a clinic optimization course at WRNMMC by contacting Sheena Walker at *Sheena.A.Walker@health.mil*. The course is designed to assist providers in best optimizing WRNMMC services to meet the needs of patients.

Bono also stated, word-of-mouth is the best advertisement to bring eligible beneficiaries back into the MHS. “We have a great opportunity to make history,” she added. “We have a lot of young active duty [service members and their families] who come here for their first duty station. I would love for them to have the time of their lives so that they know what the art of the possible is. When they leave here, they can help spread the word about the things we are doing and the opportunities that exist at a joint facility.”

As the NCR/eMSM’s “academic medical center,” WRNMMC must capitalize on its teaching and research power for the future of military medicine. This can only be done if eligible beneficiaries are brought back into the system, Bono added.

“I think our patients are anxious to find a way back here, and we need to make that as easy as possible for them,” she said. “My goal here is to make sure every one of you is successful, and to that end, I’m all ears.”

chance to break through the glass ceiling, and I thank them,” the sergeant explained.

Army Capt. Randolph Copeland capped off the celebration with a piano solo of “Lift Every Voice and Sing,” often referred to as “The Negro National Hymn,” written by James Weldon Johnson and his brother John Rosamond Johnson.

According to Department of Defense’s Director of Diversity Management and Equal Opportunity sources:

- African-American active-duty enlisted members and commissioned officers serving today across the services number 223,378 members or about 16.3 percent of the active force;
- African-Americans serving as commissioned officers today number 18,470 members across the services, comprising 8.4 percent of the U.S. military’s commissioned officer ranks;
- There are 3,518 African-American warrant officers serving across the military services today; and
- African-American enlisted troops serving today

constitute 201,390 members across the services or 17.8 percent of the enlisted force.

The origins of Black History Month can be traced to 1926 when historian Dr. Carter G. Woodson and the Association for the Study of Negro Life and History chose the second week of February to be “Negro History Week,” because it included the birthday of President Abraham Lincoln (Feb. 12) and Feb. 14, the day abolitionist Frederick Douglass chose to observe as his date of birth since being born into slavery. There is no official record of his birth.

In his 2014 proclamation for National African American History Month, President Barak Obama stated, “Every American can draw strength from the story of hard-won progress, which not only defines the African-American experience, but also lies at the heart of our nation as a whole.”

For more information about the Bethesda Multicultural Committee, call Sgt. 1st Class Jason Ziel-ske at 301-400-3542.

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# TAX

## Continued from 5

money instead of using the commercial tax service he used in the past. “Compared to what they charge, ... I can’t afford to pay. I chose to do it online myself, but I hit a brick wall. My wife called about this service, then I came here.”

Rivera said the tax service has been more than helpful. “I called this morning for an appointment, they gave me an opening and I’m here,” he said. “They were pretty great. We own a few properties in other states, and I needed someone with the expertise to help. I’m working with [Angela Grant]; she’s been phenomenal.”

England estimated the new self-service takes 50 to 90 minutes to complete for an individual filing jointly. For a single service member with a W-2 and pay stub, it only takes 20 to 30 minutes, he said. “Most of that time is spent typing in their personal information,” the Soldier explained. If patrons of the service are unable to complete the tax return at the tax center, they can save it and come back later, or complete it at home.

“That’s the advantage of this,”

Dyke explained. “They can do their taxes at home.” England added that the entire return can be initiated and completed using the center’s online program; they can bring the completed return into the tax center for review before finalizing it and sending it off to the IRS.

England mentioned some of the most common documents individuals forget when they come in to prepare their taxes. “I recommend they make sure to have their W-2’s, Roth IRA, [documentation] for gambling winnings and social security numbers for all their dependents.” They also need interest and dividend statements from banks, he said. The sergeant also urged individuals with rental property to obtain a depreciation checklist from IRS.gov.

According to England, filing tuition assistance (TA) can sometimes cause confusion. “If they use Army [or a service-related] assistance, they don’t need a form 1099-T for tuition, but if they get any grants or scholarships, that will show up on those forms. A lot of people think that they need to bring something in, but TA through the military is covered. It doesn’t count for or against you, the military picks up the bill,” England explained. He encour-

aged students to bring paperwork for grants and scholarships when they arrive at the center to prepare their taxes.

The tax center also coordinates with the inpatient wards and wounded warriors in Building 62, to ensure clients there have access to the service. “Anyone who is a complex case or needs a review, typically are here on Friday. [If] they come in with missing documents, we can review them and send them out,” England added.

Walker expects a rush in April, based on previous tax seasons. He also encourages those who qualify for the free tax service to make plans to use the service before it ends, five days before the IRS filing deadline. For more information or to schedule an appointment, call the tax center Tuesday through Thursday at 301-319-2955 or email [wrnmmctaxcenter@gmail.com](mailto:wrnmmctaxcenter@gmail.com).

Civilians, service members and retirees can access the same website used by the tax center to prepare their own taxes. Go to [www.myfreetaxes.com](http://www.myfreetaxes.com). Active duty members should click on “basic” to avoid a fee. Civilians and others can have their taxes prepared at a nearby VITA site for free. Visit <http://irs.treasure.gov/freetax-prep> or call 1-800-906-9887.

# MEDICINE

## Continued from 8

first African-American woman to attain general officer rank in American military history. She served as the 16th Chief of the Army Nurse Corps from September 1979 until August 1983. In 1993, retired Air Force flight nurse Maj. Gen. Irene Trowell-Harris was selected to become the first female African-American general in the National Guard.

In recent history, African-Americans continue to achieve rank in military medicine.

In September 2007, retired Vice Adm. (Dr.) Adam Robinson, the first African-American physician to serve as commander, National Naval Medical Center, became the first African-American Surgeon General of the Navy and chief, BUMED. In November of the same year, Navy Master Chief Laura A. Martinez became the first African-American and second woman to serve as Force Master Chief and director of the Hospital Corps.

In June 2013, Maj. Gen. (Dr.) Nadja West became the first female African-American two-star general in MEDCOM. The modern-day achievements of West, Robinson and Martinez honor the long legacy of African-Americans who fought to serve their country in military medicine.

Upon receiving her second star, West said, “If anything at all, I hope I can be an inspiration to any one or any group that has not seen themselves in certain positions. We all want to see people who look like us doing certain things to give us inspiration. Hopefully, I can inspire someone to be able to say, ‘I can do that.’”


To learn more about African-Americans in military medicine, along with photos, visit us on Facebook: <http://on.fb.me/14KgLCS>.

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# MONEY

## Continued from 7

attend an accredited school whose credits are transferrable to other programs since each school decides what transfer credits it will accept.

Sailors not applying for a commissioning program should still carefully consider how they’re using the Tuition Assistance program to complete classes toward their degree, or it could result in bad news. Henwood gave an example of a Sailor he worked with last year who completed a Bachelor of Science in Business from a nationally accredited school, which he used Navy Tuition Assistance to complete. He then applied to a regionally accredited school’s MBA program, but that school didn’t honor his bachelor’s degree. “Because the Navy only pays for one bachelor’s degree, he will have to go back and pay out-of-pocket for a regionally accredited degree program or return to the original school for its MBA, which limits his choices.”

While this is one example, there is no steadfast rule. Sayre pointed out that some regionally accredited schools do accept credits earned from nationally accredited schools. “A degree from many nationally accredited schools can make you eligible for a commissioning program, depending on which school you earned your degree from,” Sayre said. “Also, a high-tech degree from a nationally accredited school may make you more competitive for employment after completion of military obligation.”

The U.S. Department of Education has

a College Navigator (<http://nces.ed.gov/collegenavigator/>) on its website to assist students in evaluating schools in areas such as costs, financial aid access and graduation rates. Navy students have an additional resource — education professionals at Navy College Offices and the Virtual Education Center.

“Degree types are an individual choice,” Sayre said. “Our job as counselors is to provide information that enables the individual to make educated choices.”

Sayre said Sailors should thoroughly research schools and ask the right questions. “Any school an individual is going to invest in should be checked out to ensure the institution is able to meet the needs and long-term goals of the individual. Impartial, professional counseling and advisement is critical,” he said.

According to D’Antonio, Voluntary Education and Navy College Program professionals are committed to helping Sailors reach their educational and credentialing goals. “We provide the necessary academic programs that meet the needs of an educated force and provide the needed academic advice and counseling that guides our Sailors toward their life-long learning goals,” he said. “When we are successful in this mission, we have served the Navy and the Sailor.”

For more information about the Center for Personal and Professional Development (CPPD), visit <https://www.netc.navy.mil/centers/cppd/>, [www.navy.mil/local/voledpao/](http://www.navy.mil/local/voledpao/), <https://www.facebook.com/pages/Center-for-Personal-and-Professional-Development/100056459206> and via Twitter @CENPERSPROFDEV.

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